

Client ID  for bank use only)

Purpose of KYC Form:

Periodic Review

Event Driven

**ACCOUNT INFORMATION**

Account Number	<input type="text"/>	Account Branch	<input type="text"/>
Account Type	<input type="text"/>		
Account Name	<input type="text"/>		

**OTHER ACCOUNTS INFORMATION**

Account Number	<input type="text"/>	Account Branch	<input type="text"/>
Account Type	<input type="text"/>		
Account Name	<input type="text"/>		

**PERSONAL INFORMATION**

Title (Mr, Mrs, Miss)	<input type="text"/>	Other title (if any)	<input type="text"/>
First Name	<input type="text"/>	Other Names	<input type="text"/>
Last Name	<input type="text"/>	Maiden Name	<input type="text"/>
Date Of Birth	<input type="text"/>	Place Of Birth	<input type="text"/>
Country of Birth	<input type="text"/>	Nationality	<input type="text"/>
Mobile Number	<input type="text"/>	Alternative Mobile Number	<input type="text"/>
Email Address	<input type="text"/>	Alternative Email Address	<input type="text"/>

<input type="checkbox"/> Single	<input type="checkbox"/> Divorced	<input type="checkbox"/> Married	<input type="checkbox"/> Separated	<input type="checkbox"/> Widow
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**EMERGENCY CONTACT**

First Name	<input type="text"/>	Other Name(s)	<input type="text"/>
Last Name	<input type="text"/>		
Mobile Number	<input type="text"/>	Relationship	<input type="text"/>

**ID INFORMATION:** (Ghana card for Ghanaian nationals, Non-Citizen Card for Foreign Nationals / Non-Ghanaians resident more than 90 days, Foreign passport for Foreign Nationals / Non-Ghanaians resident less than 90 days & Diplomatic Passport – for Diplomats Only)

Ghana Card Number:	<input type="text"/>	Place Of Issue	<input type="text"/>
Date Of Issue:	<input type="text"/>	Date Of Expiry	<input type="text"/>
Issuer:	<input type="text"/>		

Passport Number	<input type="text"/>	Place Of Issue	<input type="text"/>
Date Of Issue:	<input type="text"/>	Date Of Expiry	<input type="text"/>
Issuing Country	<input type="text"/>		

**DISABILITY STATUS:**

Disabled:      Yes                  No

Type of Disability:

Hunchback	Mobility Impairment	Visual, Hearing & Albinism	Visual Impairment
Visual, Hearing & Mobility	Impairment & Albinism	Visual, Mobility & Albinism	
Visual & Mobility Impairment	Visual & Hearing Impairments	Visual, Hearing & Albinism	
Other	<input type="text"/>		

**ADDRESS INFORMATION**

Residential Address	<input type="text"/>	Landmark	<input type="text"/>
Town & City of Residence	<input type="text"/>	Digital Address	<input type="text"/>
P.O.Box & City	<input type="text"/>	Country of Residence	<input type="text"/>
Real Estate Situation:	Owner	Tenant	Other (Specify) <input type="text"/>

**CLIENT ACTIVITY INFORMATION**

Source Of Funds:	Salary	<input type="checkbox"/> Pension	Retirement	Other	<input type="text"/>
Occupation	<input type="text"/>		Sector of Activity	<input type="text"/>	
Start Date of Activity	<input type="text"/>		Monthly Income	<input type="text"/>	
Annual Income	<input type="text"/>		Net worth	<input type="text"/>	
Currency	<input type="text"/>				

**INTERNATIONAL TRANSACTIONS**

International transactions upcoming or recorded: Yes No

Countries with which transactions will be /are executed:

Currencies in which transactions will be/are executed:

Current account: Yes No

Credit products (consumer loan, real estate loan, bank overdraft...)

Saving products: Yes No

**ACCOUNTS FUNCTIONING**

Expected or recorded operations on the account (Types of transactions):

**PEP/SPO STATUS**

POLITICALLY EXPOSED (PEP) / SENIOR PUBLIC OFFICER (SPO) STATUS (Yes/No)

Yes

No

(If yes, complete the following fields)

The PEP/SPO status is derived from the list of important public offices or list of PEP/SPO relatives:

Important public offices

PEP/SPO relatives

(1) In case of « Important public offices » specify the PEP/SPO position:

End date of the PEP/SPO status:

(2) In case of « PEP/SPO relatives » specify the relationship (family circle or circle of influence):

First name of the PEP/SPO:

Last name of the PEP/SPO:

Date of birth of the PEP/  
SPO: P

Place of birth of PEP/SPO

**FATCA STATUS - US -PERSON (TICK WHERE APPLICABLE)**

US PASSPORT US

US GREEN CARD

US DRIVERS LICENCE

US ADDRESS

US PHONE NO.

US TAX ID

OTHER:

**TAX AND RESIDENCY SELF-CERTIFICATION*****Please read before completing this form:***

Tax Regulations require Société Générale Ghana Limited (hereinafter called 'SG Ghana') to collect and report certain information about Account Holder's tax residency status. The term 'Tax Regulations' refers to regulations created to enable the automatic exchange of information and includes the OECD Common Reporting Standard for Automatic Exchange of Financial Account Information ('CRS'), as implemented in the relevant jurisdictions.

To enable SG Ghana to comply with its obligation to report to the relevant tax authorities, you are required to state the residency for tax purposes of the person or persons identified as the holder(s) of a Financial Account. On this form these persons are cumulatively referred to as the "Account Holder(s)".

Country of Tax residence	<input type="text"/>	Tax Number	<input type="text"/>
Other Country of Tax Residence:	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Country	<input type="text"/>	Tax Number	<input type="text"/>
Country	<input type="text"/>	Tax Number	<input type="text"/>
Country	<input type="text"/>	Tax Number	<input type="text"/>
Country	<input type="text"/>	Tax Number	<input type="text"/>

Please provide the reason why the TIN is unavailable (Where TIN is unavailable):

**Confirmation of Sole Residence for Tax Purposes**

I further certify that I am not (or the account holder is not) resident in any other country for tax purposes

The account holder authorizes SG Ghana to provide a copy of this self-certification filled out and transmitted by him/her, or any other information necessary for establishing his/her tax status to any competent tax authority, any authority empowered to audit or control SG Ghana for tax purposes as well as any entity, which, at the time of disclosure, belongs to the Société Générale Group.

The account holder agrees that any information contained in this self-certification and any information regarding his/her current and future financial account(s), including their balance(s) and income revenues transactions, may be reported to (i) any authority to which SG Ghana is required to provide tax-related information, (ii) any other parties SG Ghana considers as relevant in order to comply with the applicable CRS regulation and to prevent its potential violation and (iii) any entity to whom SG Ghana decides to entrust all or part of its CRS reporting obligations, including any company that, at the time of disclosure, belongs to the Société Générale Group.

I declare that all statements made in this self-certification form are, to the best of my knowledge and belief, correct and complete. I agree that I will submit a new self-certification within 90 days if any information on this form becomes incorrect.

I certify that I am the Account Holder (or authorized to sign for the Account Holder) of all the accounts to which this form relates. I undertake to inform SOCIETE GENERALE GHANA PLC in the event of any change in the information provided.

Print Name

Signature: \*

Date:

If you are signing this form on behalf of account holder, please indicate the capacity in which signed. If signing under a power of attorney, please attach a copy of the power of attorney.

Capacity :

**Personal data:** The personal data collected in this document are required to enable SG Ghana to accurately determine your fiscal status and qualification, in accordance with applicable regulatory requirements. These data, along with any additional information collected subsequently, are protected under the Data Protection Act, 2012 (Act 843), as amended by the Anti-Money Laundering Act, 2020 (Act 1044), the Banks and Specialized Deposit-Taking Institutions Act, 2016 (Act 930), and other relevant statutory and regulatory frameworks including Anti-Money Laundering (AML) and Counter-Terrorism Financing (CTF) regulations.

The data may be used by SG Ghana for purposes related to customer relationship management, including but not limited to risk assessment, incident and fraud prevention, Know Your Customer (KYC) compliance, and anti-money laundering efforts. These personal data will not be used by the Bank for direct marketing purposes.

Subject to your explicit consent and only to the extent necessary to fulfill the above purposes, your data may be shared with other legal entities within the Société Générale Group, as well as competent authorities such as tax and regulatory bodies. These recipients may be located within or outside the European Economic Area, including jurisdictions with data protection laws that differ from those of the European Union. Any such data transfers will be conducted under conditions that ensure appropriate safeguards for your personal data.

You have the right to access your personal data and request the correction or deletion of any incomplete or inaccurate information. You may also object, on legitimate grounds, to the processing of your data. These rights may be exercised by contacting the branch or service where your account is held.

**APPROVER OF FILE (For Bank Use Only)**

	Customer Relationship Manager	Branch manager	AMLO Mandatory for customers classified as AML/CFT Medium-High- or High-risk Mandatory for FATCA if customer with US indicia Mandatory for CRS in case of customer with	Chief Executive Officer (CEO) If the customer is identified as having a PEP/ SPO status
<b>Date:</b>				
<b>Signature:</b>				